

## Application Data Sheet

### Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: MANUAL CONTROLLED SCROLLING

Attorney Docket Number:: 003797.00821

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 8

Small Entity?:: NO

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Kenneth  
Middle Name:: P.  
Family Name:: HINCKLEY  
Name Suffix::  
City of Residence:: Redmond  
State or Province of Residence:: WA  
Country of Residence::  
Street of mailing address:: 4504 165<sup>th</sup> Avenue, NE  
  
City of mailing address:: Redmond  
State or Province of mailing address:: WA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 98052

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Steven  
Middle Name:: N.  
Family Name:: BATHICHE  
Name Suffix::  
City of Residence:: Redmond  
State or Province of Residence:: WA  
Country of Residence::  
Street of mailing address:: 13783 NE 60<sup>th</sup> #127  
City of mailing address:: Redmond

State or Province of mailing address:: WA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 98052

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: James  
Middle Name:: H.  
Family Name:: CAUTHORN  
Name Suffix::  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence::  
Street of mailing address:: 1403 N. 47<sup>th</sup> Street,  
City of mailing address:: Seattle  
State or Province of mailing address:: WA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 98103

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: J.  
Family Name:: SINCLAIR  
Name Suffix::  
City of Residence:: Kirkland  
State or Province of Residence:: WA  
Country of Residence::

Street of mailing address:: 4331 Lake Washington Blvd.,  
NE, #7309  
City of mailing address:: Kirkland  
State or Province of mailing address:: WA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 98033

### **Correspondence Information**

Correspondence Customer Number:: 28318

### **Representative Information**

Representative Customer Number:: 28318

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application is	A Divisional of	09/940,505	08/29/2001

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name:: Microsoft Corporation  
Street of mailing address:: One Microsoft Way  
City of mailing address:: Redmond

State or Province of mailing address:: WA

Country of mailing address::

Postal or Zip Code of mailing address:: 98052